

Request for Approval for Fundraising Event

Club Name: _____

Certificated Club Advisor: _____

Proposed Event: _____

Description: _____

Proposed Date(s) of Event: _____

Location of Proposed Activity: _____

Event Includes Sales YES NO

Item(s) for Sale: _____

Status of Event: (please circle one) New Event Held Previously

Expected Revenue	Budget	Expected Expenditures	Budget
Sales:	\$	Cost:	\$
Donations:	\$	Rewards:	\$
Other:	\$	Other:	\$
Total Revenue:	\$	Total Cost:	\$

Certificated Club Advisor <small>Print Name</small>	Signature	Date
Club Representative <small>Print Name</small>	Signature	Date

FOR ASB USE ONLY		
ASB Recommendation	YES	NO
ASB President Name	Signature	Date
ASB Advisor	Signature	Date
Principal or Designee	Signature	Date